

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 013

SPECIAL BIO-CHEMICAL TESTS – 13 (SBT-13)

Zone

Division

Branch

Proposal No.

Agent/D.O. Code:

Introduced by:

(name & signature)

Full Name of Life to be assured:

Age/Sex :

	Type of Test	Actual Reading
1	Fasting Blood Sugar (Method _____)	
2	Total Cholesterol	
	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	
4	S. Creatinine	
5	Blood Urea Nitrogen (BUN)	
6	S. Proteins	
	(a) Albumin	
	(b) Globulin	
	© AG Ratio	
7	S. Bilirubin	
	(a) Direct	
	(b) Indirect	
	© Total	
8	SGOT (AST)	
9	SGPT (ALT)	
10	GGTP (GGT)	
11	S. Alkaline Phosphatase	
12	HbsAg (Australia antigen)	
13	Elisa for HIV (Method _____)	

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at _____ on the _____ day of 200_____ at _____ a.m./p.m.

Signature of the L.A.

Signature of the Pathologist

Pathologist's name & Address, Qualification

Proposer was identified on the basis of _____

SIGNATURE OF PATHOLOGIST

Format of separate sheet to be sent alongwith computer generated special reports

To
LIC of India,
Branch Office

Proposal No. _____

Name of the Life to be assured _____

The Life to be assured was identified on the basis of _____

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist / Doctor
Name:

The examination / tests were done with my consent.

(Signature of the Life to be assured)
Name:

Reports enclosed:

1. _____
2. _____
3. _____

Rubber stamp of TPA